

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

## **I. DISPUTE**

1. a. Whether there should be additional reimbursement of \$3,420.05 for date of service, 08/17/01 noted on uncorrected Table of Disputed Services in Carrier's timely response.
- b. The request was received on 08/12/02.

## **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. Table of Disputed Service with date of service, 08/22/01, hand written in over the original date of 08/17/01
  - c. Letter Requesting Dispute Resolution
  - d. UB-92(s) with date of service 08/22/01 noted
  - e. EOB/TWCC 62 forms/Medical Audit summary with date of service 08/22/01 noted
  - f. Example EOBs from other Insurance Carriers
  - g. Medical Records that indicate date of procedure as 08/21/01
  - h. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60
  - b. Unmarked Table of Disputed Service with date of service 08/17/01 noted
  - c. Response to a Request for Dispute Resolution
  - d. UB-92(s) with date of service 08/22/01 noted
  - e. EOB/TWCC 62 forms/Medical Audit summary with date of service 08/22/01 noted
  - f. Example EOBs from other Insurance Carriers
  - g. Medical Records that indicate date of procedure as 08/21/01
  - h. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 09/20/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 09/23/02. The response from the insurance carrier was received in the Division on 09/25/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

### III. PARTIES' POSITIONS

1. Requestor: Letter dated 09/11/02

"We are appealing the amount disallowed on the above mention [sic] claim. These charges are for **FACILITY FEES**, not professional fees. We feel that 12% paid on a revision pf [sic] a partial amputation of the right long finger is not fair or reasonable. We feel that (Carrier) should reimburse us more appropriately as \$451.57 does not cover our cost to perform this surgery....(Carrier) has unfairly reduced our bill when other workers' compensation carriers have established that our charges are fair and reasonable because they are paying 85%-100% of our billed charges, and group carriers are allowing 100% of our billed charges. Enclosed are examples of bills for the same type of treatment of other patients and their insurance companies interpretation of fair and reasonable as shown by the amounts paid."

2. Respondent: Letter dated 09/25/02

"The dispute in this case is in regard to the Requestor's entitlement to additional reimbursement for facility charges associated with CPT Code 26951 – Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure. The amount billed by the requestor as a facility fee is \$3871.62. The ...(Carrier) paid \$451.57. The total amount in dispute is \$3420.05. The Requestor has failed to establish that its charges and the reimbursement it seeks are fair and reasonable and comply with the Texas Workers' Compensation Act or TWCC Rules."

### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review appears to be 08/17/01 based on the Carrier's unmarked 3 day and 14 day response packet.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services submitted in the Carrier's response packet, the Requestor billed the Carrier \$3,871.62 for services rendered on the above date.

4. Per the Requestor's Table of Disputed Services submitted in the Carrier's response packet, the Carrier paid the Requestor \$451.57 for services rendered on the above date.
5. The Requestor's UB-92 and the Carrier's EOB list 08/22/01 as the date of service.
6. Medical records (e.g. Operative Report, Anesthesia notes, pre and postoperative orders) list 08/21/01 as the date of service.
6. Per the Requestor's Table of Disputed Services submitted in the Carrier's response packet, the amount in dispute is 3,420.05 for services rendered on the above date.

## **V. RATIONALE**

Medical Review Division's rationale:

The Requestor has submitted UB-92s for ambulatory surgical services for date of service 08/22/01. The Carrier's Table of Disputed Services reflects date in dispute as 08/17/01. The EOB(s) list date of service as 08/22/01 while the actual medical records indicate date of service as 08/21/01. It is unclear which date of service is in dispute; therefore, no additional reimbursement can be recommended.

The above Findings and Decision are hereby issued this 22<sup>nd</sup> day of April 2003.

Denise Terry  
Medical Dispute Resolution Officer  
Medical Review Division

DT/dt